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ABSTRACT

The potential moderating role of self-esteem and ego development on client transference is examined. These are two developmental factors that the literature has suggested might influence people's perceptions of early caretakers and thus of therapists, leading to transference in the therapy situation. Transference was operationalized as (a) the similarity of clients' perceptions of their therapist and their perceptions of their parents and (b) therapists' ratings on a transference scale, the Therapy Session Check Sheet. Ego identity and self-esteem measurements were compared to the similarity ratings of empathy, positive regard, and unconditionality of regard of therapists and parental figures as well as to transference ratings by the therapist (N=62 clients; 29 therapists). Procedure and instruments used are described. Descriptive statistics are provided and results are discussed. Results support the idea that these developmental factors impact a client's view of the therapist and parental figures and are associated with therapists' views of transference. Persons with low ego identity and low self-esteem tend to see their therapists and parental figures more dissimilarly; and the more transference that a therapist perceived, the greater the tendency for the client to have low ego identity. (Author/EMK)

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Running heading: Client Transference

Self-Concept and Self-Esteem as Moderators of Client Transference

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Abstract

We operationalized transference as (a) the similarity of clients' perceptions of their therapist and their perceptions of their parents and (b) therapists' ratings on a transference scale (TSCS), and we examined the moderating role of self-esteem and ego development on client transference. Results support the idea that these developmental factors impact a client's view of the therapist and parental figures and are associated with therapists' views of transference. Persons with low ego identity and low self-esteem tended to see their therapists and parental figures more dissimilarly; and the more transference that a therapist perceived, the greater the tendency for the client to have low ego identity.

Self-Concept and Self-Esteem as Moderators of Client Transference

Transference has been defined as the experiencing of feeling, drives, attitudes, fantasies, and defenses toward a person in the present which are inappropriate to that person and are a repetition or displacement of reactions that originated regarding significant persons in early childhood (Freud, 1912). Gelso and Carter (1985) concur with this definition and suggest that in its essence, "transference entails a misperception or misinterpretation of the therapist, whether positive or negative" (p. 170). In conjunction with Freud's definition, Luborsky, Graff, Pulver, and Curtis (1973) have defined transference as "the revival in a current object relationship, especially to the analyst, of thoughts, feelings, and behavior derived from repressed fantasies originating in significant conflictual childhood relationships" (p. 70). Also following Freud's original conceptualization, Dewald (1964) described transference as "a form of displacement in which the individual unconsciously displaces on to a current object those drives, defences [sic], attitudes, feelings and responses which were experienced or developed in relationships with earlier objects in the individual's life. Since the prototype of all object relationships are the earliest relationships to the parents, these serve as the ultimate core and origin of psychic experiences being transferred to the current object" (p.192). Greenson (1965) suggested that for a reaction to be considered transference, it must have two characteristics: "It must be a repetition of the past, and it must be inappropriate to the present." (p.156).

In a recent investigation of the transference in therapy, Arachtingi and Lichtenberg (1998) examined the similarity of clients' perceptions of their therapist and their perceptions of their parents in terms of the relationship qualities of empathy, positive regard and unconditionality as an indicator of client transference. Specifically, transference was operationalized as (a) the similarity of clients' perceptions of their therapist and their perceptions of their parents and (b) therapists' ratings on a transference scale (TSCS; Graff & Luborsky, 1977). Using this same operationalization of transference, the purpose of this study was to examine the potential moderating role of self-esteem and ego development—two developmental factors that the literature has suggested might influence people's perceptions of early caretakers and thus of therapists—on indices of transference.

With respect to the role of self-esteem in the occurrence of therapeutic transference, Langs (1973) has suggested that failures in empathy and in the meeting of a child's needs result in basic defects in self-image and self-esteem which in turn results in exaggerated idealizations of others. Erickson (1950) indicated that such disruptive parenting interferes with the formation of basic trust and creates a deep sense of mistrust. Langs (1973) further noted that failure to resolve such issues leads to basic impairments in ego functions such as reality testing and self-boundaries. Berkowitz (1982) suggested that it is the ego capacity of a client that enables a client to sustain a perception of the

therapist as helpful, even in the face of inevitable disturbing affects that arise in response to the frustrations inherent in the therapeutic process. In addition, unresolved ego development tasks (which are reflected in a low ego identity) are likely to result in reactions to others that lack a reality base and are inappropriate to the present and belong to past relationships. Consequently, if there are disruptions in early parent-child relations that result in impairments in identity development, it would seem probable that a client's view of his/her therapist and parental figures on facilitative conditions would be quite similar since such impairments impact an individual's reality testing. Specifically, problems in reality testing may result in a greater potential for distortion of a therapist and thus, repetitive reactions based on early caretaker relationships. Additionally, if similarity in ratings on facilitative conditions are reflective of transference, then there would also be a high probability that high transference ratings from the therapist would be associated with low ego identity on the part of the client.

The second developmental factor we considered in our study was client self-esteem. Sandler and Sandler (1978) suggest that self-esteem is a primary regulatory function which contributes to ego strength or individuals' ability to utilize their inner resources. The development of individuals' self-esteem is strongly dependent on their perception of experiences in their environment which in turn is influenced by a need for positive regard (Rogers, 1959). Therefore, it seemed reasonable to suspect that if perceived experiences of parental objects were without positive regard (as well as other conditions such as empathy and unconditionality of regard), self-esteem might be poorly developed. Van Sweden (1995) explains that when there are impairments in a client's self-esteem development and when the therapist becomes a target of hatred, the client may defensively hate the therapist who is experienced as the mother or father who failed to meet original needs. Thus, as in the case of ego development, if there are disruptions in early parent-child relations that result in impairment in clients' self-esteem, it would be likely that the clients' view of their therapist and parental figures on facilitative conditions would be similar. And if this similarity of perceptions is reflective of transference, then low self-esteem on the part of the client would be expected to be associated with high transference ratings from the therapist.

Given these considerations, ego identity and self-esteem measurements were compared to the similarity ratings of empathy, positive regard and unconditionality of regard of therapists and parental figures as well as to transference ratings by the therapist. To measure the facilitative conditions and the therapist-parent similarity, the Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1962; 1963) was used. The Therapy Session Check Sheet (TSCS; Graff & Luborsky, 1977) was used to measure the therapists' perceptions of transference. Finally, the Ego Identity Scale (EIS) (Tan, Kendis, Fine, & Porac, 1977) was used as the measure of ego identity, and the Rosenberg Self-Esteem Scale (RSE) (Rosenberg, 1979) was used to assess self-esteem. We hypothesized that low self-esteem and ego identity would relate to greater similarity in clients' ratings of their therapists and parental figures. We

also hypothesized that clients with higher self-esteem and ego identity development would be rated higher in levels of transference by therapists.

Method

Participants

Clients. Sixty-two clients already involved in therapy for a minimum of three sessions participated in the study (27 female and 37 male). Their ages ranged from 19 to 63 years (M=40.18, SD=12.01). Clients of varying diagnoses were included in the study; however, clients with thought disorders were eliminated due to potential problems with informed consent. The number of sessions attended by clients ranged from 5 to 200 (M = 40.18, SD = 44.77).

Therapists. Twenty-nine therapists, 17 women and 12 men also participated in the study. Ten therapists had a Ph.D. in clinical or counseling psychology, one had an M.D., six had an M.S.W. with no additional degrees, one had a Ph.D. in social work, one had a Masters in Educational Counseling, and 10 therapists had completed various other masters degrees but were currently in the process of completing their Ph.D. in counseling or clinical psychology. The therapists' ages ranged from 25 to 61 (M=43.59, SD=10.07). Therapists' descriptions of their theoretical orientations were varied although the most common orientations included psychodynamic, eclectic, and cognitive behavioral.

Instruments

Therapy Session Check Sheet (TSCS; Graff & Luborsky, 1977). The TSCS contains 23 related items pertaining to seven different categories including: (a) the Patient (reflective, receptive, anxiety, depression, hostility, other affect; (b) Transference (amount, manifest, latent, positive, negative); (c) Resistance; (d) Dreams; (e) Interpretations; (f) the Therapist; (g) Good Hour. Each was a five-point rating scale: 1 = none or slight; 2 = some; 3 = moderate; 4 = much; and 5 = very much.

Three of the transference items were used for the purposes of this study: transference, positive transference, and negative transference. The same three transference items have been used in several recent studies, including a study of transference, insight, and the counselor intentions (Gelso, Hill, & Kivlighan, 1991), a study of the development of the working alliance, transference, countertransference in time-limited psychotherapy (Kivlighan, Gelso, Wine, & Jones, 1986), and a study attempting to develop a new transference measurement (Multon, Patton, & Kivlighan, 1996). Therapists were asked to rate their clients who had agreed to participate in terms of their overall transference, positive transference and negative transference. The same definition of transference used in previous research (Gelso, et al., 1991; Graff & Luborsky, 1977) was used in this study. This definition was: "Transference is the degree to which the client deals with material that is overtly or covertly related to the counselor and is a manifestation or displacement of earlier relationships. The earlier person need not be mentioned but may be inferred (e.g., because of distortion, strong and/or inappropriate affect)" (Gelso, et al., 1991, p. 430).

The interrater reliability of this measure is said to be moderate (Graff & Luborsky, 1977; Gelso, et al., 1991) with mean correlations among four judges of the seven transference items being .40. The

correlations for the global transference rating was higher, r = .53 (Luborsky et al., 1973). The construct validity of the measure is evidenced "in that ratings of transference, using these items, followed a theoretically sensible path for successful and unsuccessful psychoanalyses and were reflective of analysts' process notes" (Gelso, et al., 1991, p. 429).

Barrett-Lennard Relationship Inventory (BLRI Form OS-64; Barrett-Lennard, 1973). The original version of the BLRI (Barrett-Lennard, 1962) contained 85 items, but has since been revised by others into a 72-item version (Clark & Culbert, 1965), a 64-item version (Mills & Zytowski, 1967), and a 36- item version (Claiborn, Crawford, & Hackman, 1983). Barrett-Lennard's most recent version (Form OS-64) (Barrett-Lennard, 1973), a combination of two previous forms of the instrument, contains 64 items; and it was this version that was used in this study. This most recent version of the BLRI includes the following scales: Level of Regard (16 items), Empathy (16 items), Unconditionality (16 items), and Congruence (16 items). For the purposes of this study, the Level of Regard, Empathy, and Unconditionality scale were used--a total 48 items. These particular scales were thought to reflect the most significant elements of clients' thoughts and feelings about their therapist and parental figures.

Each of the BLRI scales consists of 6-point bipolar scalar items with each item ranging from -3 (strongly untrue) to +3 (strongly true). High scores indicate that the client perceives the therapist as having a high degree of the therapeutic variable being measured, while low scores indicate that the client perceives the therapist as having a low degree of the therapeutic variable.

Spearman-Brown slit-half reliabilities for all of the scales are good, with individual scale reliabilities ranging from .82 (Unconditionality) to .93 (Level of Regard), and a total score reliability of .95 (Barrett-Lennard, 1962). Test-retest reliabilities over a four-week period suggest good temporal stability, with individual scale reliabilities ranging from .84 (Level of Regard) to .90 (Unconditionality), and a total score reliability of .95.

The version of the BLRI used in the study leaves blank the individual to be evaluated. For example, "_____ respects me as a person," and "_____ wants to understand how I see things." Clients were asked to fill out three versions of the BLRI. On the first version the client rated the therapist; and on the other two forms, the client rated his/her mother (or mother figure) and his/her father (or father figure). A similar procedure has been followed using this instrument with marital couples (Claiborn, Crawford, & Hackman, 1983). Thus, in our study the three forms had statements that read as follows: "The counselor respects me" (rating of the therapist), "My mother respects me" (rating of the mother/mother figure), and "My father respects me" (rating of the father/father figure). The instructions of each BLRI form emphasized whom the client needed to rate.

Ego Identity Scale (EIS; Tan, Kendis, Fine, & Porac, 1977). The EIS is a 12-item scale that measures Erickson's (1959) concept of ego identity. Ego identity was defined as acceptance of self and sense of direction. Identity diffusion implies doubts about one's self, lack of sense of continuity over time, and an inability to make decisions and commitments (Corcoran & Fischer, 1987). The EIS has

fair internal consistency with a split-half reliability coefficient of .68. In terms of validity, it has been found to correlate significantly with internal control, intimacy, dogmatism, and the extent to which individuals derive their own values from their own life experiences (Tan, et al. 1977). High scores on the EIS indicate ego identity, and low scores indicate ego diffusion.

Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1979). The RSE consists of 10 Likert scale items. Each item was rated on a four-point rating scale (1 = strongly agree; 2 = agree; 3 = disagree; 4 = strongly disagree). The RSE has a reproducibility reliability of .92 and two-week test-retest reliability coefficients of .85 and .88. The RSE has been shown to correlate significantly with other self-esteem measures demonstrating good validity (Corcoran & Fischer, 1987). As scored, a low total number indicated high self-esteem and a high total number indicated low self-esteem.

Procedure

Directors of mental health centers, private practices, and VA medical centers within a Midwestern region were contacted regarding solicitation of participants. A solicitation for participants was also mailed to 80 therapists in private practice within the same geographic area. Only therapists indicating some level of belief in the construct of transference were included in the study. To obtain client participation, therapists were requested to ask their clients if they would be willing to participate in a study regarding their feelings about their counselor, mother, and father, and their feelings about themselves. If the client declined to participate, therapists were instructed to refrain from pursuing the matter further. In order to allow for the potential emergence of transference reactions within therapy, we required that client-therapist dyads to have met for therapy for a minimum of three sessions. Although it is generally understood that transference develops over the course of therapy, theorists also postulate that transference occurs as early as the first client-therapist contact (Gelso & Carter, 1985). As noted above, the number of sessions attended by clients ranged from 5 to 200 (M = 40.18; SD = 44.77).

Following the completion of a one-hour session selected by the therapist, the therapist was asked to rate the level of transference up to that particular point in therapy based on the definition of transference provided to them in the instructions for the TSCS. They also were asked to state of whom they believed the transference was a distortion (e.g., mother, father, or other). Additional information, including the client's diagnosis, therapy session number, expected length of therapy, and a rating of the client's affect also was collected.

At the completion of the same session, the therapist invited the client to participate in the study. After the client had read and signed the consent form, the therapist gave the client a packet containing the BLRI, the EIS, the RSE as well as a form for gathering demographic information (e.g. age, sex, and reason for attending counseling). Clients were asked to rate their perceptions of their therapist's empathy, unconditionality, and positive regard at that particular point in therapy. The order of the three

forms of the BLRI was randomized, but the EIS and RSE always followed the BLRI in order to reduce any potential sensitivity of the BLRI ratings with the intrusion of other instruments.

Each packet of information (therapist's transference rating and the client's BLRI, EIS, RSE) was identified with matching code numbers in order to identify the therapist-client pairs. Subjects were asked to seal their information in an envelope to insure its confidentiality and to return it into the receptionist at the desk of the office or mental health facility where it was picked up by one of the researchers.

Results

Descriptive Statistics

Table 1 summarizes the means and standard deviations for the BLRI Empathy, Regard, and Unconditionality scales that each client completed for the mother (mother figure), father (father figure), and for the therapist. High scores indicate that the client perceives the person being rated (e.g. mother, father, or therapist) as having a high degree of the relationship variable (empathy, positive regard, unconditionality), while low scores indicate a low degree of the relationship variable. Inspection of the means suggests that in general, clients rated therapists more positively than either parent, and the mother (mother figure) more positively than the father (father figure).

Insert Table 1 about here

Table 2 summarizes the means and standard deviations for the therapists' overall transference ratings as well as the ratings for negative and positive transference. A score of "1" indicates "none/slight" transference (positive and negative) and a score of "5" indicates "very much" transference (positive and negative). Inspection of the means suggests that in general, therapists rated the total and positive transference in the middle range indicating "moderate" levels of transference. Negative transference tended to be rated lower with the mean indicating "some" negative transference.

Insert Table 2 about here

Table 3 summarizes the means and standard deviations for the similarity ratings between the therapist/maternal ratings and the therapist/paternal ratings across the Empathy, Regard, and Unconditionality scales. Similarity scores were computed by taking the absolute differences between therapist and mother scale ratings and between therapist and father scale ratings, with lower difference scores (i.e., similarity scores) indicating a greater similarity in perceptions between therapist and parental ratings. Thus, if a client were experiencing a high level of transference, it would be expected that the similarity scores for the Empathy, Regard, and Unconditionality scales would be low. Similarity was greatest (lowest mean scores) on Therapist/Maternal- Regard, and least (high mean

scores) on Therapist/Paternal-Empathy. Similarity was generally greater (low mean) for Therapist/Maternal comparisons than for Therapist/Paternal comparisons.

Insert Table 3 about here

Finally, Table 4 summarizes the clients' means and standard deviations for the Ego Identity Scale (EIS) and the Rosenberg Self Esteem scale (RSE). High scores on the EIS indicate ego identity, and low scores indicate ego diffusion (low ego identity). Low scores on the RSE indicate high self-esteem, and high scores indicate low self-esteem. The means for both the EIS and RSE fell in the middle range relative to instrument norms (Rosenberg, 1979; Tan, et al., 1977).

Insert Table 4 about here

Ego Identity, Transference, and Therapist/Parental Similarity

We expected that the lower the ego identity (ego diffusion) of the client the greater the transference rating by the therapist. Pearson product-moment correlations were computed between the positive, negative and overall transference ratings, and positive and negative transference, and EIS scores. Because low scores on the EIS reflected ego diffusion and high scores reflected ego identity, negative correlations were expected. Results are presented in Table 5. Significant negative correlations occurred when the EIS was correlated with overall transference ratings (r = -.370, p< .01) and positive (r = -.339, p< .01) and negative (r = -.386, p< .01) transference ratings. Hence, when ego identity was low, transference ratings by the therapist were high.

Insert Table 5 about here

We also expected that the lower the ego identity (ego diffusion) of the client, the greater the similarity of the ratings (by the client) of the therapist and the client's parental figures. Because low scores on the EIS reflected ego diffusion and high scores reflected ego identity, and low scores on the similarity ratings reflected high similarity while high scores reflected low similarity, positive correlations were hypothesized. As Table 6 summarizes, the associations between the Therapist/Paternal similarity ratings and the EIS scores were significant in the direction opposite of what was hypothesized on Empathy (r = -.385, p< .01), Regard (r = -.467, p< .01), and Unconditionality (r = -.323, p<.05). Likewise, the associations between the Therapist/Maternal similarity ratings and the EIS scores were significant in the direction opposite of what was hypothesized on Empathy (r = -.338, p< .01), Regard (r = -.273, p< .05), and Unconditionality (r = -.260, p<.05).

Insert Table 6 about here

Self Esteem, Transference, and Therapist/Parental Similarity

We expected that the lower the self-esteem of the client, the greater the transference rating by the therapist. Because low scores on the RSE indicated high self-esteem while high scores indicated low self-esteem, a positive correlation was hypothesized. As Table 5 indicates, although the correlations were in the direction expected, they were nonsignificant.

We also expected that the lower the self-esteem of the client the greater the similarity of the ratings (by the client) of the therapist and the client's parental figures. Since low scores of the RSE indicated high self-esteem and low scores on the similarity ratings indicated high similarity, a negative correlation was hypothesized. As Table 6 summarizes, this hypothesis was not supported. The associations between the Therapist/Paternal similarity ratings and the RSE scores were significant but in a direction opposite of that hypothesized on Empathy (r = .348, p< .01) and Regard (r = .400, p< .01). Likewise, the associations between the Therapist/Maternal similarity ratings and the RSE scores were significant in a direction opposite of that hypothesized on Empathy (r = .415; p< .01), Regard (r = .322, p< .05), and Unconditionality (r = .377, p< .01).

Discussion

Ego Identity, Transference, and Therapist-Parent Similarity

Our findings regarding the ego identity of the client and perceived transference by the therapist tend to support current theoretical notions regarding ego identity and transference. As Kernberg (1976b) states, a person with low ego identity, when preoccupied with a negative affect state, will be unable to accept or integrate positive attempts to correct an empathic failure on the part of the therapist. In fact, corrective activity may be met with even greater obstacles such as acute abandonment, depreciation, and rage (Colson, et al., 1988). Likewise, a person with low ego identity engaged in a positive affect state with a therapist will only be able to perceive positive characteristics, even in the face of negative therapist characteristics or behaviors. Not only were therapists' overall transference ratings in this study associated with low ego identity on the part of the client, so were both the positive and negative transference ratings. The negative transference ratings may be indicative of the obstacles that therapists meet with the low ego identity clients when attempting to correct the clients' perceptions of the therapeutic relationship. The positive transference ratings may be reflective of a client's reaction to the overall tone of the therapeutic environment, which tends to provide positive conditions.

When examining the similarity of perceptions between the therapist and the parental figure coupled with a measure of ego identity, the results did not support the current literature. Specifically, the lack of a stable identity is thought to result in a basic impairment in an individual's capacity to

perceive others in realistic terms and as complete persons (Meissner, 1984). Kernberg (1976b) noted that early fears can be readily stirred by any rebuke or failure of comprehension on the part of the therapist; hence, the expectation that low ego identity would result in similar perceptions of a therapist and parental object. However, the results of this study did not support the notion that individuals with ego diffusion are unable to separate the experiences they had with parental figures from their experiences with a therapist. Instead, the results suggested that even though a client has low ego identity, s/he has the ability to see the therapist as a separate person from his/her parental figures. The fact that clients with low ego identity viewed their parents and therapists more differently than clients with high ego identity may suggest a strong reaction against negative parental objects in the presence of a positive therapeutic environment. Therefore, the differences in therapist and parental object perceptions may be reflective of the ability to view the therapist realistically under such positive conditions or the tendency to idealize the therapist in comparison to the parental object.

Self-Esteem, Transference, and Therapist-Parent Similarity

Individuals with poor self-esteem are likely to have had impairments in early self object relationships resulting in a pursuit of (a) relationships that will provide mirroring/approving responses, or (b) idealized targets with which to merge (Kohut, 1984). Consequently, it seemed logical to hypothesize that individuals with low self-esteem would be more likely to experience intense transference. The results indicating the lack of relationship between self-esteem and transference ratings are therefore surprising. A more comprehensive measure of self-esteem, additional options to measure transference (e.g., observation by judges, use of the MITS), and a greater number of therapist-client dyads may help to investigate this relationship.

The associations between self-esteem and the similarity ratings of the therapist and parental figures across five of the six scales did not support the literature with regard to the development of self-esteem. As Van Sweden (1995) stated, when there is a rupture in the original trust and dependency of an individual (by caretakers), self-esteem becomes impaired. Consequently, there is likely to be a repetitive projection of internalized objects (caretakers), or a reenactment of earlier relationships that have not been resolved (Gould, 1989). The results of this study provide statistical evidence that individuals with low self-esteem do not repetitively project characteristics from their experiences with caretakers onto their therapists. However, the fact that clients with low self-esteem viewed their therapists and caretakers more dissimilarly may be a reflection of clients' idealization of the therapist particularly if the parental figures failed to meet early needs.

Summary

Results of this study imply that a client's ego identity may be a significant factor in the potential for therapists to perceive transference. Therapists perceived more transference with low ego identity clients, indicating that clients may develop more significant reactions (both positive and negative) towards therapists when their ego identity is low. Consequently, therapists may need to pay careful

attention to clients' identity development. The potential for transference reactions and the inclination for a client to see a therapist as more dissimilar to the parental objects appear to be paramount when ego identity is low. Again, clients with low ego identity may react more strongly to the nurturing conditions of the therapeutic environment as it may be a significant contrast to what was experienced in childhood. This would seem to make sense given that one might expect a person with low ego identity to have experienced negative parental objects. Thus, in the face of therapeutic nurturance, such a client would likely experience a significant difference in how s/he sees the therapist compared to early parental objects. We would note that there is a general lack of empirical research available on the subject of ego identity, and these results give support to need for more research in this area, as ego development appears to be significant with regards to what happens to both client and therapist perceptions during the therapeutic process.

Likewise, clients' self-esteem appears to be a factor in their perceptions of their therapists and parental figures. Therefore, therapists might be cautioned to pay careful attention to their clients' self-esteem, not just because it is important to overall adjustment, but because it may heighten clients' tendency to idealize the therapist especially if there is a history of negative parental objects. Such idealization may result not only in the potential for the client to see the therapist unrealistically, but also for increased disappointment in the face of therapeutic failures on the part of the therapist. Although our findings did not support the association between perceived transference and self-esteem, correlations indicated a trend (or pattern) that therapists are likely to see more transference in the face of low client self-esteem. Hence, it may be worthwhile to consider self-esteem when dealing with transference reactions as it may be an indicator of the potential for strong reactions toward the therapist to develop.

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Table 1

Means, Standard Deviations, and Ranges for BLRI Scales for Therapist, Mother Figure, and Father Figure

BLRI Scale	M	SD	N
Empathy-T	27.15	9.70	64
Empathy-F	-8.03	21.90	62
Empathy-M	-2.92	19.09	62
Regard-T	31.26	7.78	62
Regard-F	13.81	21.71	62
Regard-M	20.85	20.26	62
Unconditionality-T	20.52	10.38	62
Unconditionality-F	0.18	17.44	62
Unconditionality-M	.31	16.08	62

Note: T = Therapist, F = Father Figure, M = Mother Figure

Table 2

Means, Standard Deviations, and Ranges for Therapists' Transference Ratings

Transference Ratings	M	SD	N
Total Transference	3.15	1.02	62
Positive Transference	3.45	1.04	54
Negative Transference	1.93	.92	62

Table 3

Means and Standard Deviations for Similarity Ratings for Therapist and Parental Figures Across BLRI Scales

Similarity Ratings Across BLRI Scales	M	SD	N
Therapist/Paternal-Empathy	40.04	21.19	62
Therapist/Paternal-Regard	25.87	17.13	62
Therapist/Paternal-Unconditionality	32.57	14.82	62
Therapist/Maternal-Empathy	34.59	17.95	62
Therapist/Maternal-Regard	19.47	16.44	62
Therapist/Maternal-Unconditionality	32.82	14.96	62

Table 4

Means, Standard Deviations, and Ranges for EIS and RSE Scores

Scale	M	SD	N
EIS Total	5.35	2.53	59
RSE Total	24.09	6.42	62

Table 5

Correlation Coefficients for Transference Ratings and RSE and EIS Scores

	EIS	RSE
Total Transference	-.370**	.225
Negative Transference	-.386**	.225
Positive Transference	-.339**	.231

** $p < .01$

Table 6

Correlation Coefficients for Similarity Ratings of Therapist/Parental Figures and EIS and RSE Scores

BLRI Similarity Rating	EIS	RSE
Therapist/Paternal-Empathy	-.385**	.348**
Therapist/Paternal-Regard	-.467**	.400**
Therapist/Paternal-Unconditionality	-.323*	.176
Therapist/Maternal-Empathy	-.388**	.415**
Therapist/Maternal-Regard	-.273*	.322*
Therapist/Maternal-Unconditionality	-.260*	.377**

*$p < .05$ **$p < .01$